

Foster Family Home - Corrective Action Report

Provider ID: 1-170071

Home Name: Cristina Dooney, CNA

Review ID: 1-170071-3

94-460 Pilimai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/8/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 11/8/19.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RN

Compliance Manager

C. Dooney

Primary Care Giver

11/8/19

Date

11/8/19

Date